

# **Mental Health Response Advisory Committee (MHRAC)**

## **Meeting Minutes September 21, 2021**

Via Zoom

### **Board Members in Attendance**

Co-Chair, Danny Whatley	The Rock at Noon Day
Betty Whiton	NAMI
David Ley	New Mexico Solutions
Cassandra Bailey	Crisis Intervention Division
Gilbert Ramirez	CABQ-Dept. of Family & Comm. Services
Laura Nguyen	Albuquerque Ambulance
Matt Dietzel	APD CIU
Maxwell Kauffman	Disability Rights New Mexico
Paula Burton	Peer Representative
Rob Nelson	APD/C.O.A.S.T
Liz Romero	UNM Department of Psychiatry
Robert Salazar	NAMI Vice President
Joseph Aranda	Hopeworks
Rachel Biggs	ABQ. Health Care for the Homeless

### **Introduction to MHRAC**

The Mental Health Response Advisory Committee was created by the Court Approved Settlement Agreement (CASA). We've been around since day one and have a focus on three areas, resources, resources being available to access different things within the city that APD and first responders can use as it impacts homelessness and mental health issues. We are also involved in training and policy; training is one of those things we made a tremendous impact on. As far as the training that is offered. Policies are one of those things where the MHRAC is involved with assisting in writing and approving and recommending policy as it relates again to the narrow focus; we think narrow, but sometimes it gets pretty wide focused on how law enforcement interacts with those experiencing homelessness and those experiencing a mental health crisis.

### **Welcome first-time guests**

#### **Christy Hernandez**

Licensed Clinical Social Worker and the new Gibson Health Hub aka Gateway, Administrator, City of Albuquerque

#### **Adan Corral**

APD MCT Officer

#### **Rocio Padilla**

Public, just learning how this all works and what the departments are doing. She has a mentally ill child.

#### **Joseph Aranda**

Hopeworks Program Manager and new board member with the MHRAC

#### **Kimberly McManus**

CIT ECHO Coordinator for UNM and APD

Cory Lee

Executive Director of Crossroads for Women

Mailin Miranda

New CNT Clinician

Rachel Biggs

Health Care for the Homeless Strategy Officer and new board member with the MHRAC; she brings a lot to the table. Rachel will be replacing Leyna Ingerg.

Kelly Burnett

Deputy Chief of Specialized Services with Albuquerque Ambulance.

**Approval of meeting minutes**

1<sup>st</sup> Motion – David Ley

2<sup>nd</sup> Motion – Betty Whiton

All were in favor of minutes as written.

**Public Comment (Two minutes per person, 15 minutes total)**

There were no public comments made.

**Albuquerque Community Safety Department Update, Mariela Ruiz-Angel**

Shared some preliminary data and elaborated on the Albuquerque Community Safety Dispatch Report below.

Slide 1 How many calls has ACS taken?

ACS has finally launched, we have two or three units depending on how we pair them. One team is two people so we have about two cars out in the field at this point. By October we will have 5 units in the field.

We are still in some training and OJT so we did half days. We received 116 calls; they were a level 4 or 5, so not a high priority. Most of them were shelter calls so we were able to provide hotel vouchers. We were able to find a person that a provider was looking for in the process who had been accepted into the HUD program and then disappeared, so we were able to get him back with his case manager.

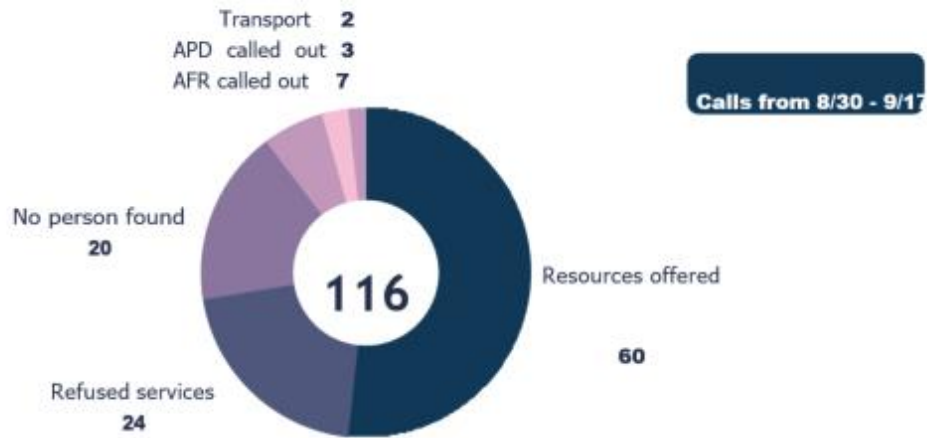
Slide 2 Where are calls occurring?

We are citywide, the map shows where we have been. We thought it would be a good idea for us to see where we end up. We knew that there was a need for assistance and the West side of town and parts of the South Valley and definitely up in the Foothills and The International District.

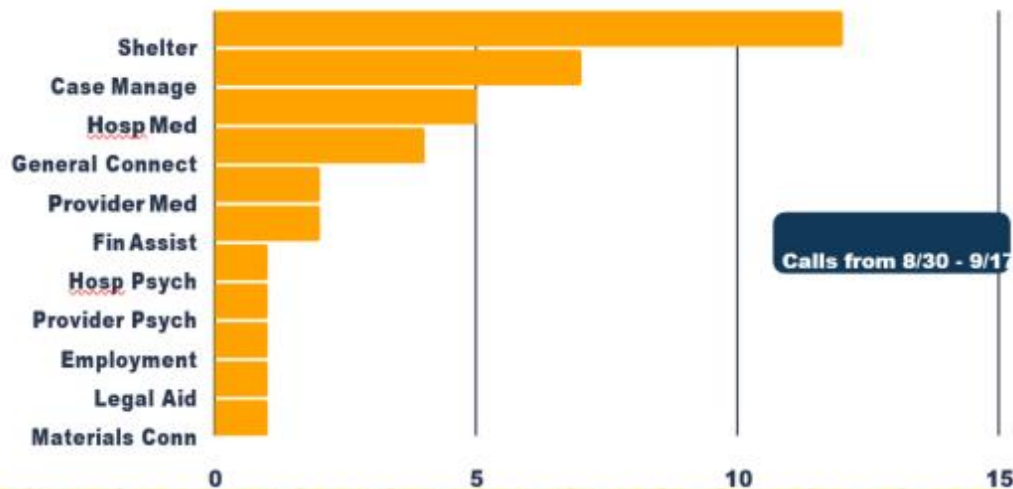
Slide 3 How are our calls being dispatched?

Calls are being dispatched through AFR Alarm Room. We're also allowing self-dispatch, meaning if the outreach team is out in the field and sees something that may potentially be an outreach or situation turning into a crisis but not quite there yet they can self-dispatch. We do not have a transport SOP yet, but we will eventually transport. We did have to call AFR for an attempted suicide due to not having a Transport SOP.

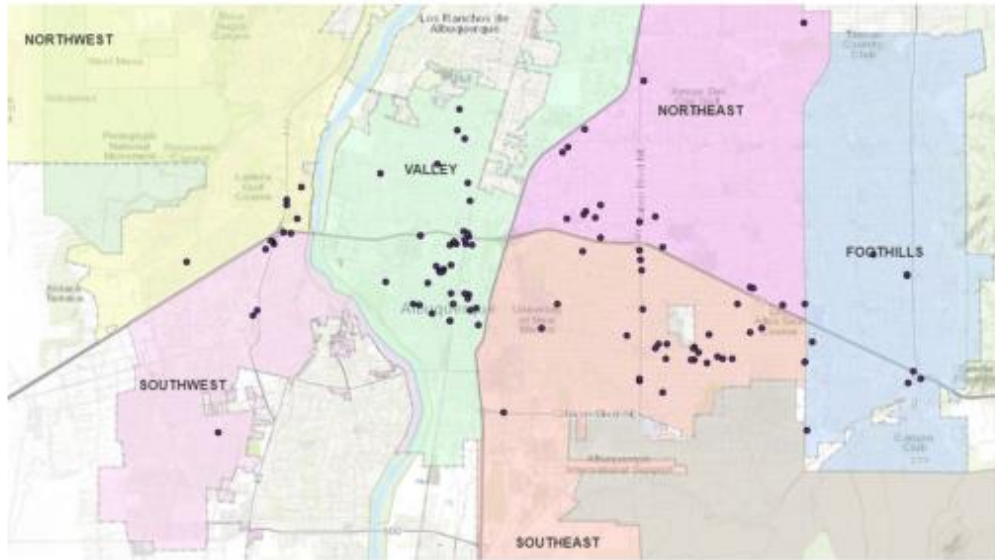
**HOW MANY CALLS HAS ACS TAKEN?**



**WHAT TYPE OF RESOURCES ARE WE REFERRING TO?**



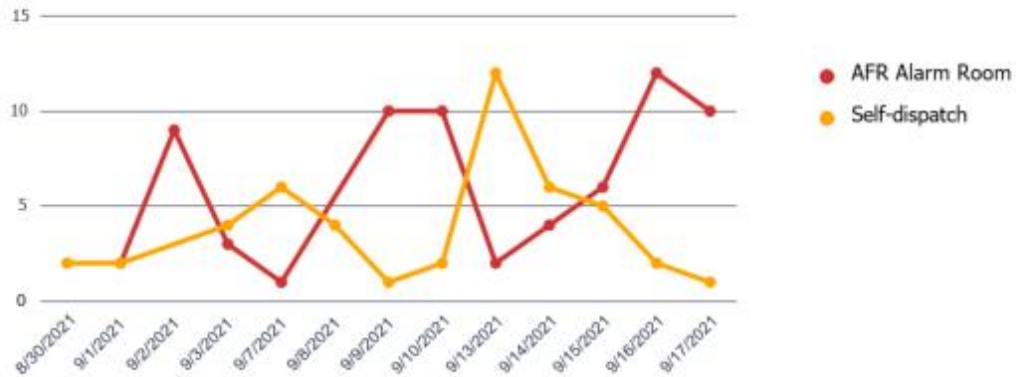
**WHERE ARE CALLS OCCURRING?**



**HOW LONG ARE OUR CALLS TAKING?**

Create to Entry	0:03:03	0:03:54
Entry to Dispatch	0:05:32	0:07:53
Dispatch to Onscene	0:12:23	0:14:14
Onscene to Clear	0:26:58	0:21:56

**HOW ARE OUR CALLS BEING DISPATCHED?**



Unsheltered individual - CSUI	42	36	78
Welfare Check - CSWC	14	6	20
Panhandler - CSPH	5	0	5
Down and out - CSWELF	2	2	4
Suspicious/intoxicated subject - CSSP	2	1	3
No code	2	1	3
Behavioral health issue - CSBH	1	0	1
Suicide - CSSUIC	1	0	1
Down and out (intoxicated) - CSWELD	0	1	1
<b>Total</b>	<b>69</b>	<b>47</b>	<b>116</b>

Wendy Linebrink-Allison

Q. How is ACS receiving these calls? How can NMCAL and Aogra contact you directly so we do not have to wait in the 911 queue?

Matt Tinney

A. They are getting dispatch through the Emergency Communication Center, 911, so same as if you were calling for police or fire.

Emily Jaramillo

A. AFR dispatches ACS

Wendy

I will continue to work with Erica to try to find a pathway to a quicker response when we need support for our callers. Our call takers at the crisis line have waited on hold with 911 for an hour regularly

Jasmine

At this time, for safety reasons calls go through 911 to be qualified for ACS

Mary "Lisa" Chavez

Q. Do you have a van and will you be able to transport electric wheelchairs?

Mariela

A. Yes, we do have a van we are just waiting on a lift which has been a struggle right now.

Gary Housepian

Q. With regards to Legal Aid and making referrals, what types of legal issues do you see that are social determinants that could impact peoples well being?

Mariela

I don't have the specifics, we have some of our newer responders who have not gone through training help us with our data but we are sorting through qualitative information and I can get that to you. Right now, we are now going into people's homes. Hiring has been a little bit difficult but we anticipate being 24/7 by the end of the year.

Jim Ogle

Q. Are you keeping track of where people are living with mental health situations so it can be useful for future planning?

Mariela

A. Yes, 100%. Trends are really important.

**Gibson Health Hub Update, Christy Hernandez, Administrator, Lisa Huval, Deputy Director, Family, and Community Services**

We have hired a Gateway Administrator, Christy Hernandez formerly worked at Hopeworks ACT program. She joined Family and Community Services about a month ago.

Christy Hernandez

I have spent the last thirteen years at Hopeworks on the Assertive Community Treatment Team where I was the director for ten of those years. I have a background working with clients with acute mental illness, homelessness, substance abuse, and all those types of issues. I am hoping to bring that clinical lens to the gateway center.

The city acquired Gibson Center on April 1st. Our vision is that this becomes Gibson Health Hub. The entire facility becomes a health hub for the community particularly the International District and that one component of the Gibson Health Hub will be a Gateway Center which is essentially an emergency shelter with robust wraparound services that helps folks transition into safe and stable housing.

For some clarification the Gateway center will not be a drop-in site, will not be a meal site, nor will it be a day shelter. There will be meals provided for guests staying at the shelter.

The shelter will have a trauma-informed design.

There will be on sight 24/7 professional security provided by a private firm and city personnel. Weapons will not be allowed and all staff will be trained in de-escalation.

There will be a public safety district around the Gateway Center which will be a concentrated coordinated effort among city departments, such as ACS, and Solid Waste that address public safety. Encampments will not be allowed at the Gateway facility.

In August we have had a couple of community meetings to review policy and receive feedback from the community members and associations. If you would like to give feedback on the policies, go to [cabq.gov/gateway](http://cabq.gov/gateway).

What the city has decided is wrapping up with 25 families and 100 single adults on a nightly basis. It will be ramped up in phases and after each phase, there will be an evaluation to determine what worked and what didn't work so there can be an improvement to move on to the next phase.

There will be services embedded into the shelter for easy access that will be provided to the shelter guests those will be trauma-informed such as person-centered case management, peer support, and housing navigation. Those services will not be provided by the city staff.

The conditional use hearing has taken place and now we are waiting on the hearing officer to make a determination.

Danny

Q. Regarding encampments, will you follow the policy; the policy does not allow you to say, "you can't camp here." How are you going to deal with that?

Lisa Huval

A. Yes, we will following the encampment policy, if it is not an immediate hazard situation we will give folks a 72-hour notice and if it is an immediate hazard situation then we will move the encampment immediately.

Danny

Q. What about fencing, have you looked into that?

Lisa

A. we haven't talked about fencing the property at this point. We have 24/7 security on site that has prevented issues.

Danny

Q. Do you have a kitchen?

Christy

A. There is a kitchen where we will provide three meals a day for guests only, not for the community to walk up and get a meal.

Danny

Q. Drop-in, what does that mean?

Christy

A. It will not be a place where people can just “drop in” and hang out, like a day shelter.

Danny

Q. How will people access the beds?

Christy

A. We will be looking for community partners to provide referrals to us. There will be a 24-Hour drop-off for first responders as well.

Laura Nguyen

Q. You mentioned 24-Hour private security to supplement city security; I am wondering if that contract and security service will provide the same trauma-informed services and adhere to the same encampment policies as the city staff?

Lisa Huval

A. The private security firm will not be responsible for addressing encampments that will be the city's role; we have designated staff within the city that addresses camps on private property and is trained on the proper protocol for addressing encampments.

Rachel Biggs

Q. The 24-Hour drop-off for APD; how will that work? What is the process and will there be detail on how that is used and when it is used?

Christy Hernandez

A. We do not have all the details on that yet, but when we do we will share it with everybody.

Max

Q. Is there going to be coordination for Sun Van and other types of drop-offs?

Lisa Huval

A. Yes, it will be accessible for people with disabilities.

Max

Q. Is there an exclusionary criterion for access to the service?

Lisa Huval

A. The criteria set right now; we will serve single adults without children and families with children. This is a low barrier shelter so we will screen people in, not screen people out. We will not require people to



be clean and sober to utilize the shelter space but they will have to function at some level, like walk into the shelter, walk to their bed, and treat guests and staff with respect to make sure everyone feels safe.

Max question in the Chat

Q. Will Rapid Covid testing be available?

Christy

A. It's available at the Westside Emergency Shelter so I don't see why it would not be available at the Gateway Center.

Amanda Gabaldon

Stating to Lisa Huval: Haven is going to be starting medical detox in the next couple of months, so we will be right there for you along with several others.

Jeremy Lihte

Q. Is the 90-day stay after assessment, and how many beds are we keeping set aside for people that might now qualify for that 90 days and be more of a drop-in or drop-off for first responders?

Christy

A. We do not have an exact number for how many beds we will be holding. We would like for people to stay the 90 days so we can help them connect to services but we're not going to hold anybody against their will and make them stay the 90 days

Lisa Huval

A. There is not going to be different phases to the program

Danny

Q. When will the first person lay down their head in the hub?

Christy

A. We are thinking winter of 2022.

Bonnie K Mount

Q. Can you talk a little bit about what your medical screening process might be like and if people are going to be allowed to hold on to their medications? Or, what might that look like if people come in with medications?

Lisa Huval

A. If you look in our Operation Planner it might be in our Administration Policy that we will develop a medication management policy. That is one of the things that we are going to work out with the organization that we select to operate the shelter.

David

Q. Is the city is going to put that to a Request for Proposal (RFP) contractor to then operate this shelter for the city?

Lisa

A. Yes, we have said that from the beginning.

Dave Stein

Q. What are some of the criteria for having the RFP's?

Lisa Huval

A. We will be looking for an organization(S) that has/have experience serving adults and or families experiencing homelessness and ideally has experience operating a shelter for those populations.

**MHRAC/APD Feedback Mechanisms, Commander Matt Dietzel**

Seems like the feedback from MHRAC has dried up recently; when we send a policy or a class out we don't get anything back.

Cmdr. Dietzel

Q. What can we do as APD and the City to make it easier for the MHRAC board members when we send out items for commentary?

Max

A. I think it's important to formalize how we give feedback in the MHRAC bylaws.

David Ley

We have kicked curricula down to the MHRAC Training Sub-Committee.

Danny

We have only been given three for four days to respond.

Gilbert

Q. Is it possible for us to utilize our subgroups, be able to receive them by a certain time, review, give a recommendation, push them up to the entire board that way they heard, and added to the agenda that way it is timely?

Danny

Q. Do we have that kind of time?

Cmdr. Dietzel

A. Some major Behavioral Health policies have a timeline; it just depends on what the policy is. If this is what the board wants, we're going to do what the board wants, I just have to have some sort of feedback coming back.

Rachel Biggs

I do think it needs to go to a committee first; it would be on the committee to respond to it and get it back to the board quickly.

Cmdr. Dietzel

I think that is the smart way to handle it; so I guess the question is, we don't have a policy sub-committee, do we form one, or do we take the existing sub-committee now?

David Ley

I have to say, I don't think the Training Sub-Committee has the capacity.

Danny

Q. Do we create another sub-committee to review those?

Max

Q. Do you think the Infoshare Sub-committee could take this on? We do discuss policy quite a bit in the sub-committee.

Cmdr. Dietzel

I now informally take policy to the Infoshare group if I am stuck on something, so they get a sneak preview of policies coming already so it would not be a real change in the role of what we have been in for a while. We can get the board's blessing to continue to do that or whatever is needed to make it official. Infoshare group is very responsive so approval to continue would be very helpful.

I think a great way to handle it, is all policy goes to that sub-committee, the board gets all those emails as well, but the pressure is off of the board to comment. The board can if they like, but don't feel like you have to.

Danny

Yes, that sounds good; I think we will take the extra step and make it an agenda item for the MHRAC monthly meeting if we have the time during the zoom meeting.

Rachel Biggs

I like the idea of making it an agenda item.

Cmdr. Dietzel

APD's policy process takes a while.

Cmdr. Dietzel

Q. Patricia, is there a way we can do this that is both effective and quick for APD but gets the feedback we're looking for?

Patricia Serna, APD's Policy and Procedure

The link below provides SOP recommendation forms

<https://app.smartsheet.com/b/form/8d8d2b6c6520407b8c9bc9bcaf3d02b9680>

Please email the APD Policy and Procedure Unit at: [opa@cabq.gov](mailto:opa@cabq.gov)

If a policy is going through the process, per APD SOP 3-52, MHRAC has one week to review the SOP's and then can either email my unit directly or send us the comments through the SOP recommendation form.

As far as making it easier, reviewing the SOP at a sub-committee level and then getting the feedback comprehensively would benefit the policy owner.

SOP 3-52 will be republished and the one-week review time will be changed to two weeks.

Mariela

ACS will have a policy person starting in about two to three weeks.

Gilbert

I would just add that if there is anything that needs to be expedited that it is brought to the sub-committee's attention immediately so we can draw our attention to it so we do not delay the process. We understand that we have to be a little flexible in those time frames.

Cmdr. Dietzel

The big Behavioral Health policies for APD are coming up for revision.

**MHRAC Bylaws, Maxell Kauffman**

A big chunk of the bylaws is membership. Outlining the responsibilities of the members will be reflected in the bylaws so everyone understands what their responsibilities are.

**Report and Update from C.O.A.S.T**

Rob Nelson

The COAST continues to be a team of two and is doing really well based on getting reports that from the people around that COAST is the best it has ever been. Nothing has changed from last month's report.

**CIU, APD, and BSS Report and Update**

Cmdr. Dietzel

We have a shoutout to two of the CIU detectives who attended a coalition, Mark LeClair and Brandi Madrid.

Detective Mark LeClair

I took a course with the DA and CADCA on building a drug-free coalition. But their plan was essentially to identify a problem decide what resources are needed to resolve the issue make a plan and then enact that plan.

I think it would be beneficial for the MHRAC to encompass a problem-solving resolution by identifying the problem, see what entities need to be involved in solving this problem, bring them all together and come up with a plan, and then enact that plan. It may be beneficial to use some sort of guideline like this for MHRAC to address issues. Obviously, if it's just to review a policy this may not be beneficial.

Max

I like what Mark proposed

### **Report and Update from Sub-Committees**

David Ley

The Training Sub-Committee will meet on Monday. We will continue to meet monthly as we are working with ACS. They did provide us with some PowerPoints on Friday and I ask the committee members to look at them so we can discuss them at our next meeting.

Cmdr. Dietzel

The Information and Resources committee, thank you all for the help you have given me.

### **MHRAC Final Discussion**

Danny

When Lindsey was still with the city attorney's office we had several discussions with her about making the MHRAC an entity even passed the CASA; I think that is a great idea. I am going to pursue this unless the MHRAC tells me not to.

End of the year reports are right around the corner and deadlines are mid-December.

**Next meeting: Tuesday, November 16, 2021**